

# Sophrona Anderson

Town

Sharpsville

County

Hartford

MARYLAND

Died at

Date 1903

Month

Day

Y.

M.

D.

Native of

Male

White

Age  
Married

Widow

Divorced

Occupation

Female

Colored

Single

Widower

Number of children living

Husband

Wife

Father's

Name

Mari' an Anderson

Mother's

Maiden Name

Caroline B. Wiley

How long sick

Cause of

Primary

Chronic

Death

Immediate

Chrosis Pulmonary

Accident, Suicide, Homicide

Reported by

F. L. Turner

27

Address

Blackhouse

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



James T. Bevans

Died at Boale Town Harford County MARYLAND

Date 1903 Month July Day 13 Y. 41 Native of M'd Occupation Laborer

Male White Age Married Widower Divorced

Colored Single Widower

Number of children living 5

Husband of

Wife

Father's Name

Cause of

Primary

diabetes

50

How long sick

2 1/2 years or more

Accident, Suicide, Homicide

Death

Immediate

diabetic Coma

Reported by

Address

Ephr<sup>m</sup> Hopkins M.D.  
Darlington

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name  
in  
Full

Frances Amelia Shusney

CERTIFICATE OF DEATH

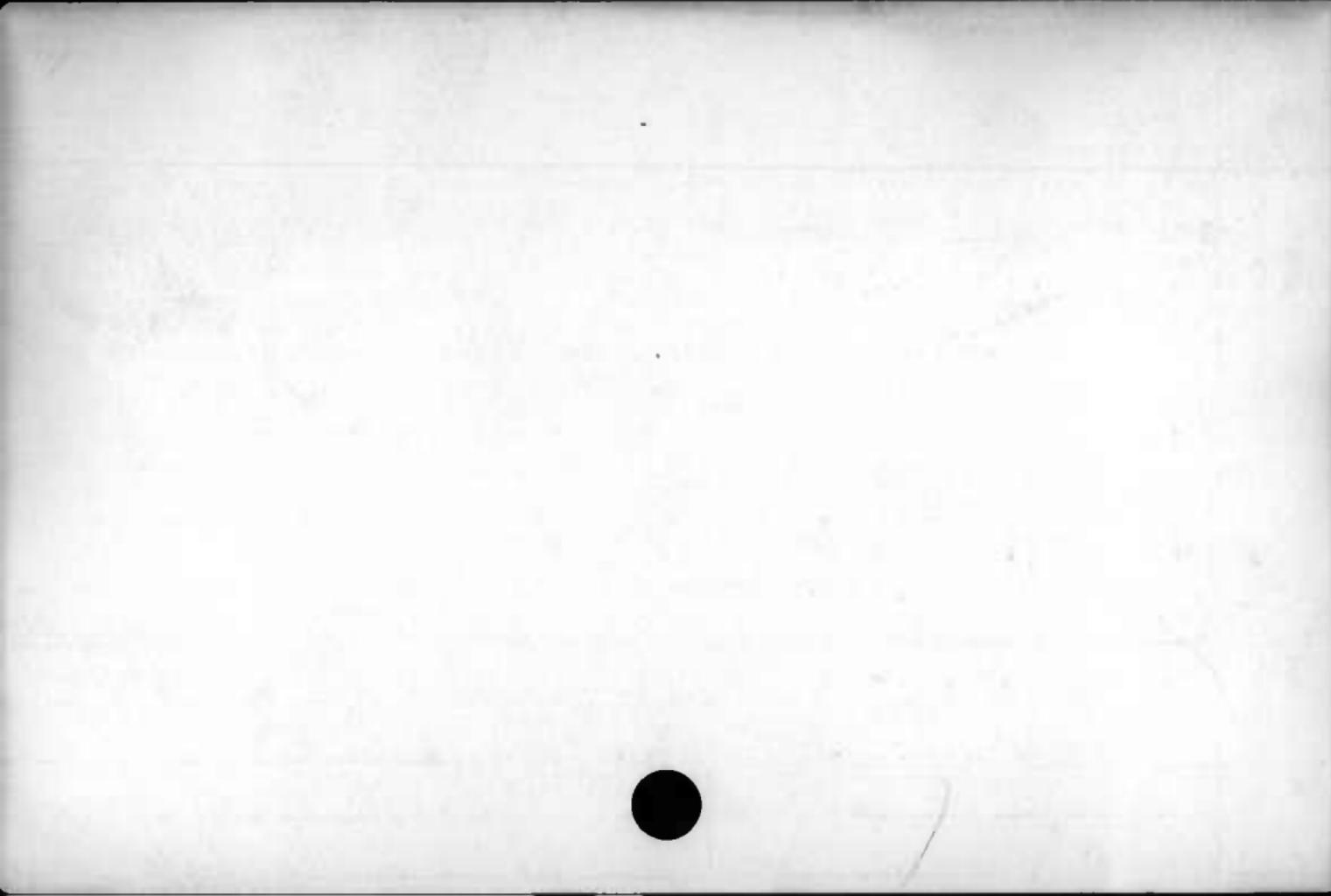
TO BE ANSWERED BY  
NEAREST FRIEND

Died at	Town	County	MARYLAND		
Date of death 1903	Month 2	Day 26	Age 5	Months 7	Days 14
Sex Female	Color or Race White	Occupation	Havre de Grace		
Married, Single or Widowed					
Name of Wife or Husband					
Father's Name	Bennett Shusney		Father's Birthplace	Ardeens	
Mother's Maiden Name	Margaret Coffey		Mother's Birthplace	Havre de Grace	
Name of person giving Information	Margaret Shusney		How related to deceased	Parent.	

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	Measles	How long	about 2 weeks
Immediate	Bronchitis Pneumonia	How long	
Are the name, age, sex, color, date and place correctly given above?	yes	Signature of Physician	R. H. Smith, M.D.
		Address	Havre de Grace
Accident or Suicide?			Med



Anna Christy

Town

Scranton

County

Surfside

MARYLAND

Died at

Month

Day

Y.

M.

D.

Native of

Ind

Occupation

✓

Date 1903

2

12

Age

4

-

Male

White

Married

Widow

Divorced

Female

Colored

Single

Widower

Number of children living

Husband of

Wife

Father's Name

Robert Christy

Mother's Maiden Name

Sarah Christy

Cause of Death

Primary

Dysentery

How long sick

4 days

Immediate

Accident, Suicide, Homicide

Reported by

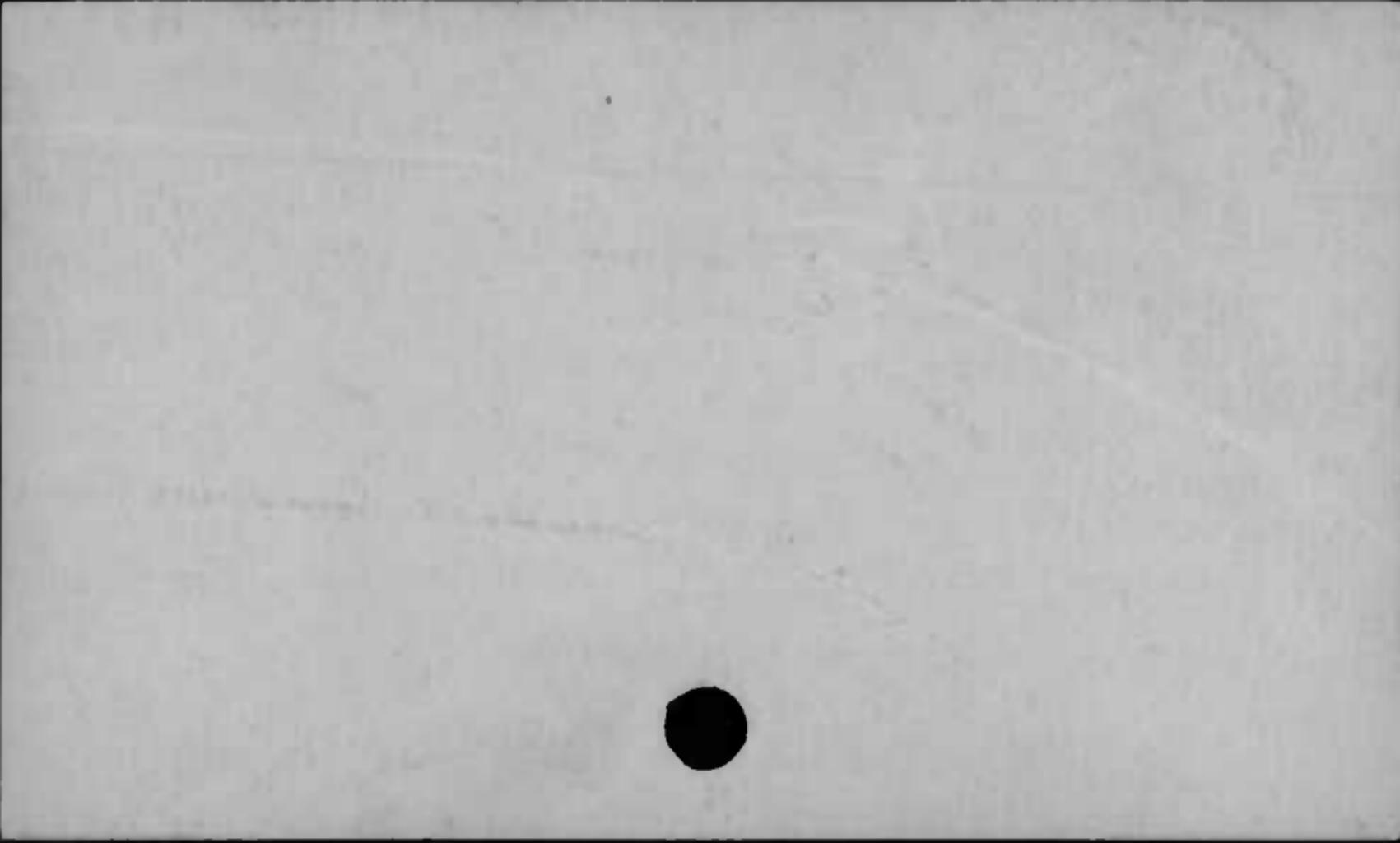
John Hamdy  
Aberdeen Md

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.







Mary Frances Cullen

## CERTIFICATE OF DEATH

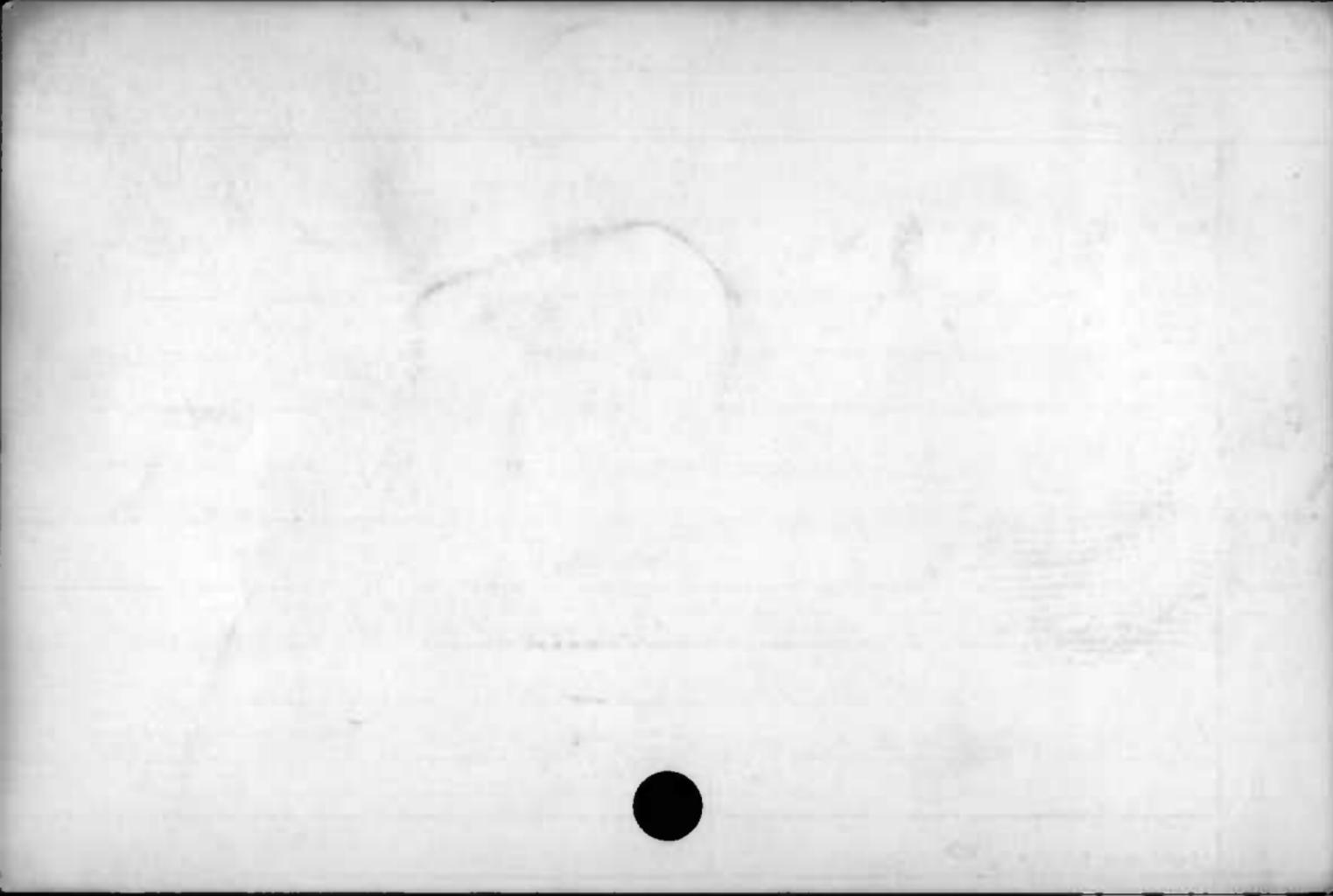
MARYLAND

Died at		Town	County				
Date of death 1903	Month	Day	Years	Age	Months	Days	
Sex Female		Color or Race	White		Birth-place		Havre-de-Grace
Married, Single or Widowed		Occupation		Widowed			
Name of Wife or Husband				Simon M. Cullen			
Father's Name				Father's Birthplace		Ireland	
Mother's Maiden Name				Mother's Birthplace		Ireland	
Name of person giving information				How related to deceased		Daughter	

## CAUSES OF DEATH

Primary	Cancer of Breast	43	How long	about 1 yr
Immediate	General prostration		How long	
Are the name, age, sex, color, date and place correctly given above?		Yes	Signature of Physician	R.W. Smithurst
			Address	Havre de Grace

Accident or Suicide?



Emma G Jephish

Town

County

Died at Havre de Grace

MARYLAND

Date 1903

Month Feb Day 11

Y. 26 M. - D. -

Native of

Harford house

Occupation

Male

White

Married

Widow

Divorced

Female

Colored

Single

Widower

Number of children living

Husband of

Wife

Father's Name

John Jephish

Mother's

Maiden Name

Lattie

Cause of Death

Primary

Having sick

Brights Disease

Death

Immediate

Accident, Suicide, Homicide

Reported by

Address

Ac Crook's  
Havre de Grace

1903

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker, or minister.



Sarah De. Silver

near, Town

County

Died at Beckards

Harrowd

MARYLAND

Date 1903	Month 2d.	Day 5 <sup>th</sup>	Y. 53	M. D.	Native of Maryland	Occupation House Wife
<u>Male</u>		White	Married	<u>Widow</u>	<u>Divorced</u>	
<u>Female</u>		<u>Colored</u>	<u>Single</u>	<u>Widower</u>	Number of children living One	

Husband et

Wife

Father's

Name

Joseph De. Silver  
Isaac Von Sonn

Mother's

Maiden Name

Cause of Death	Primary: Lagrippe	How long sick: One Week
	Immediate: Heart Failure	Accident, Suicide, Homicide

Reported by

Address

Geo. W. Davis M.D.  
Pleasantville Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name  
in  
Full

Harriet Hackett

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at	Town	County	MARYLAND		
Date of death 1903	Month 2	Day 20	Years 39	Months	Days
Sex Female	Color or Race Black	Occupation Housewife	Birth- place Md.		
Married, Single or Widowed Married					
Name of Wife or Husband Moses Hackett					
Father's Name Santa James				Father's Birthplace Md.	
Mother's Maiden Name Margaret James				Mother's Birthplace Md.	
Name of person giving Information Emilia Smith				How related to deceased Sister	

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary How long

Immediate How long

Are the name, age, sex, color, date  
and place correctly given above?

Signature of  
Physician

Address

9  
Accident or Suicide?

Mountain

24<sup>th</sup>

Name  
in  
Full

John C. Hamland

TO BE ANSWERED BY  
NEAREST FRIEND

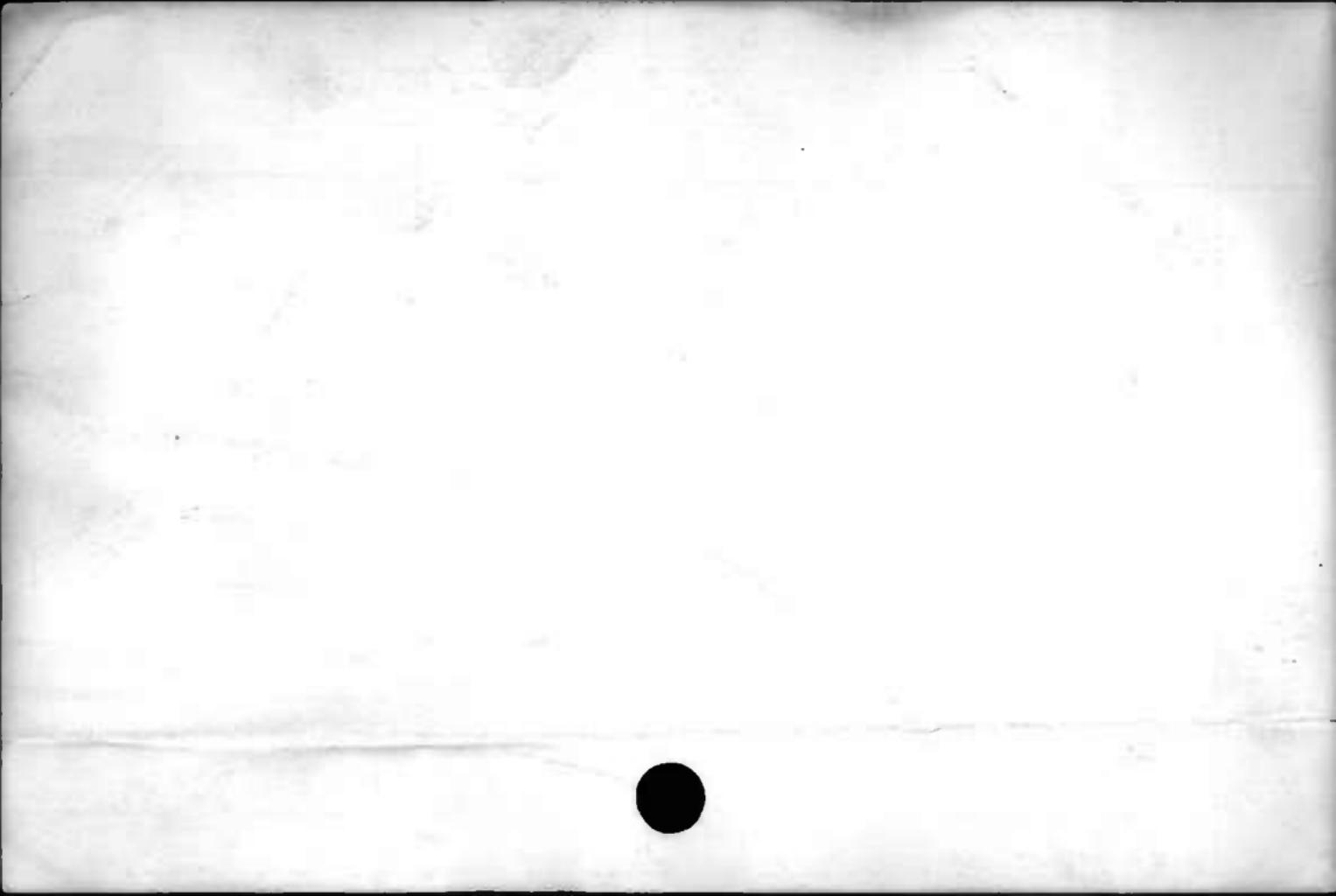
CERTIFICATE OF DEATH

Died at		Town	County		MARYLAND	
Date of death	1903	Month 2	Day 21	Years —	Months 9	Days —
Sex	Female	Color or Race	White	Occupation	Bush	
Married, Single or Widowed						
Name of Wife or Husband						
Father's Name	Harry Hamland			Father's Birthplace	Maryland	
Mother's Maiden Name				Mother's Birthplace	Maryland	
Name of person giving Information	Her Father			How related to deceased		

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	Gastritis	104	How long	2 months
Immediate	Heart Failure		How long	—
Are the name, age, sex, color, date and place correctly given above?		yes	Signature of Physician	J A Caleahan
			Address	Greencastle Md
Accident or Suicide?				



Elizabeth Hilton

Town

County

MARYLAND

Died at

Level

Harford

Month

Day

Y. M. D.

Native of

Occupation

Date 1903

2 - 2

34 - -

Md

-

Male

White

Married

Widow

Divorced

Female

Colored

Single

Widower

Number of children living

2

Husband of

James H. Hilton

Wife

Abraham Prigg

Mother's

Jane Prestbury

Father's Name

Maiden Name

Cause of

Primary

Tuberculosis

How long sick

Death

Immediate

Exhaustion

Accident, Suicide, Homicide

Reported by

J. L. Hopkins MD

Address

Dare de Grace [redacted] Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



James. K. Hollingsworth

Died at Fallston Town Hanford County MARYLAND

Month	Day	Y.	M.	D.	Native of	Occupation
<u>2<sup>nd</sup></u>	<u>5<sup>th</sup></u>	<u>64.</u>			<u>Maryland</u>	<u>Labover</u>
<u>Male</u>	<u>White</u>	<u>Married</u>	<u>Widow</u>	<u>Divorced</u>		
<u>Female</u>	<u>Colored</u>	<u>Single</u>	<u>Widower</u>	<u>Number of children living</u>		

Husband  
of  
Wife

Father's  
Name Jerome Hollingsworth Mother's  
Maiden Name

Cause of	Primary	<u>154</u>	How long sick
Death	Immediate	<u>Semile Debility</u>	<u>4 months</u>
			Accident, Suicide, Homicide

Reported by

Chas Hollingsworth Med.  
Belair Md.

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name  
in  
Full

Thomas James

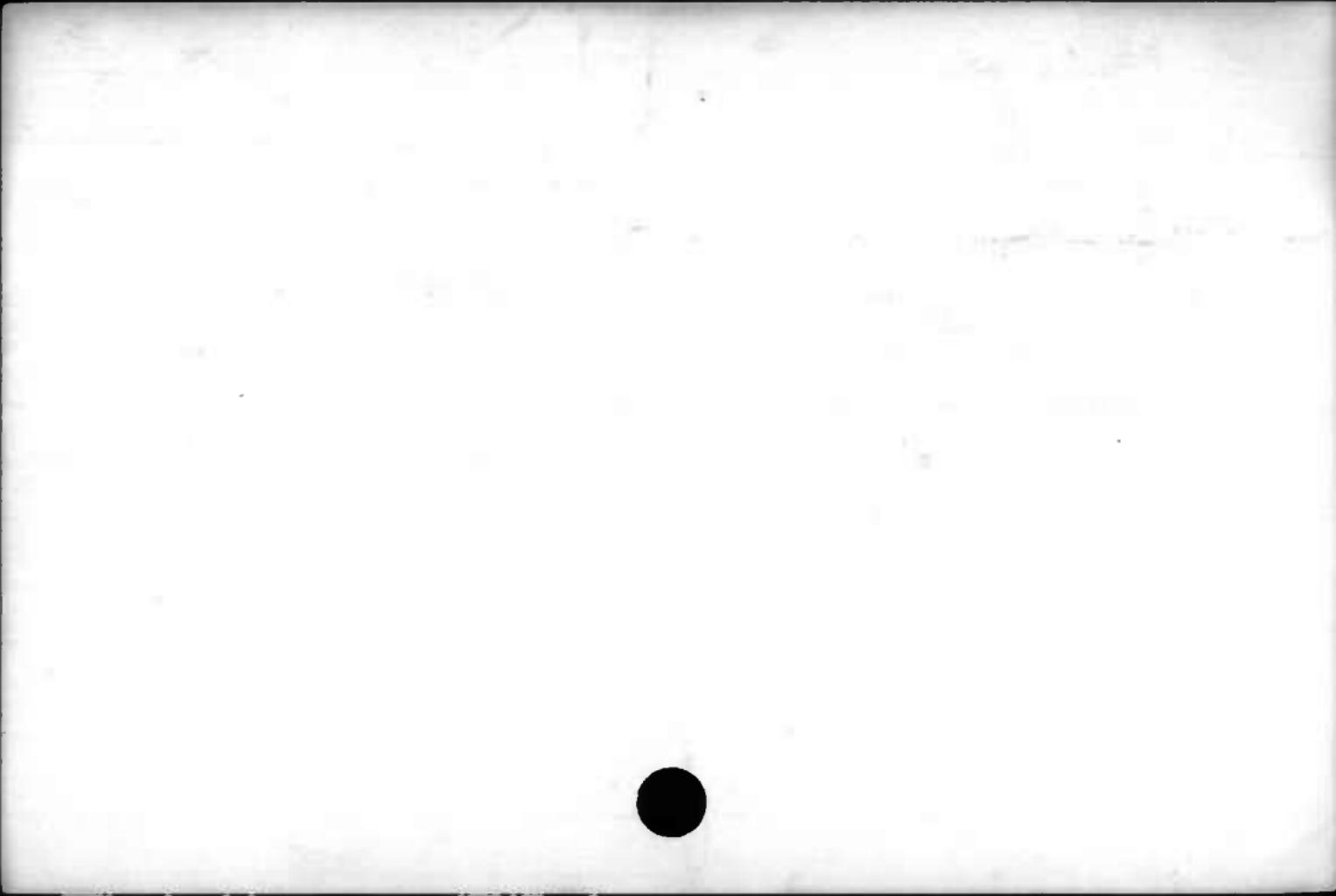
CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at	Town Belfair	County Stanford	MARYLAND	
Date of death 190	Month Feb	Day 9	Years about 70	Months Days
Sex	Male	Color of Race	White	Birth- place
Married, Single or Widowed	Occupation			
Name of Wife or Husband				
Father's Name	Father's Birthplace			
Mother's Maiden Name	Mother's Birthplace			
Name of person giving Information	40			
	How related to deceased			

CAUSES OF DEATH

Primary	Cancer of Stomach		How long Treated 6 months
Immediate	Exhaustion		How long 3 weeks
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician A. T. Hunt 3/18/41	Address Belfair Md.
Yes- No-			
Accident or Suicide?			



Hannah Johnson

Town

County

MARYLAND

Died at

Forest Hill

Harford

Month

Day

Y.

M.

D.

Native of

Occupation

Date 1903

Feb 22

Age 77

Male

White

Married

Widow

Divorced

Female

Colored

Single

Widower

Number of children living

None

Husband of

Wife

Father's

William Johnson

Mother's

Name

Maiden Name

Cause of

Primary

Cancer. 45

How long sick

14 months

Death

Immediate

Paralysis

Accident, Suicide, Homicide

Reported by

George W. Davis M.D.

Address

Pleasantville Harford Co Md.

Must be signed by physician, if any in attendance, otherwise by owner, undertaker or minister.

Fawcett

25-<sup>th</sup>

Name  
in  
Full

TO BE ANSWERED BY  
NEAREST FRIEND

<i>Wm Edward Johnson</i>				CERTIFICATE OF DEATH			
Died at	Town	County		MARYLAND			
Date of death 1903	Month	Day	Years	Months	Days		
Sex	Color or Race	Age	Birth- place				
<i>Bel Air</i>				<i>Bel Air</i>			
Married, Single or Widowed		Occupation					
<i>Wm Edward Johnson</i>							
Father's Name	<i>Wm Edward Johnson</i>			Father's Birthplace	<i>Maryland</i>		
Mother's Maiden Name	<i>Ella Jones</i>			Mother's Birthplace	<i>Maryland</i>		
Name of person giving Information	<i>Ella Johnson</i>			How related to deceased	<i>Mother</i>		

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary

How long

*Two Weeks.*

Immediate

How long

Are the name, age, sex, color, date  
and place correctly given above?

Signature of  
Physician

Address

*79*

Accident or Suicide?



Name  
in  
Full

To BE ANSWERED BY  
NEAREST FRIEND

PHYSICIAN  
OR CORONER

Thos. W. Jones

Town

Died at Cardiff

County

Harford

CERTIFICATE OF DEATH

MARYLAND

Date of death 1903 Month Day Years Months Days

Feb. 13 41

Sex Male Color or Race Birth-place

White Md

Married, Single or Widowed Occupation

Single Invalid

Name of Wife or Husband

—

Father's Name Father's Birthplace

Thos. W. Jones, Sr. Wales

Mother's Maiden Name Mother's Birthplace

Margaret Roberts "

Name of person giving information How related to deceased

Margaret Jones, Jr. Mother

CAUSES OF DEATH

Primary How long

Consumption several years

Immediate How long

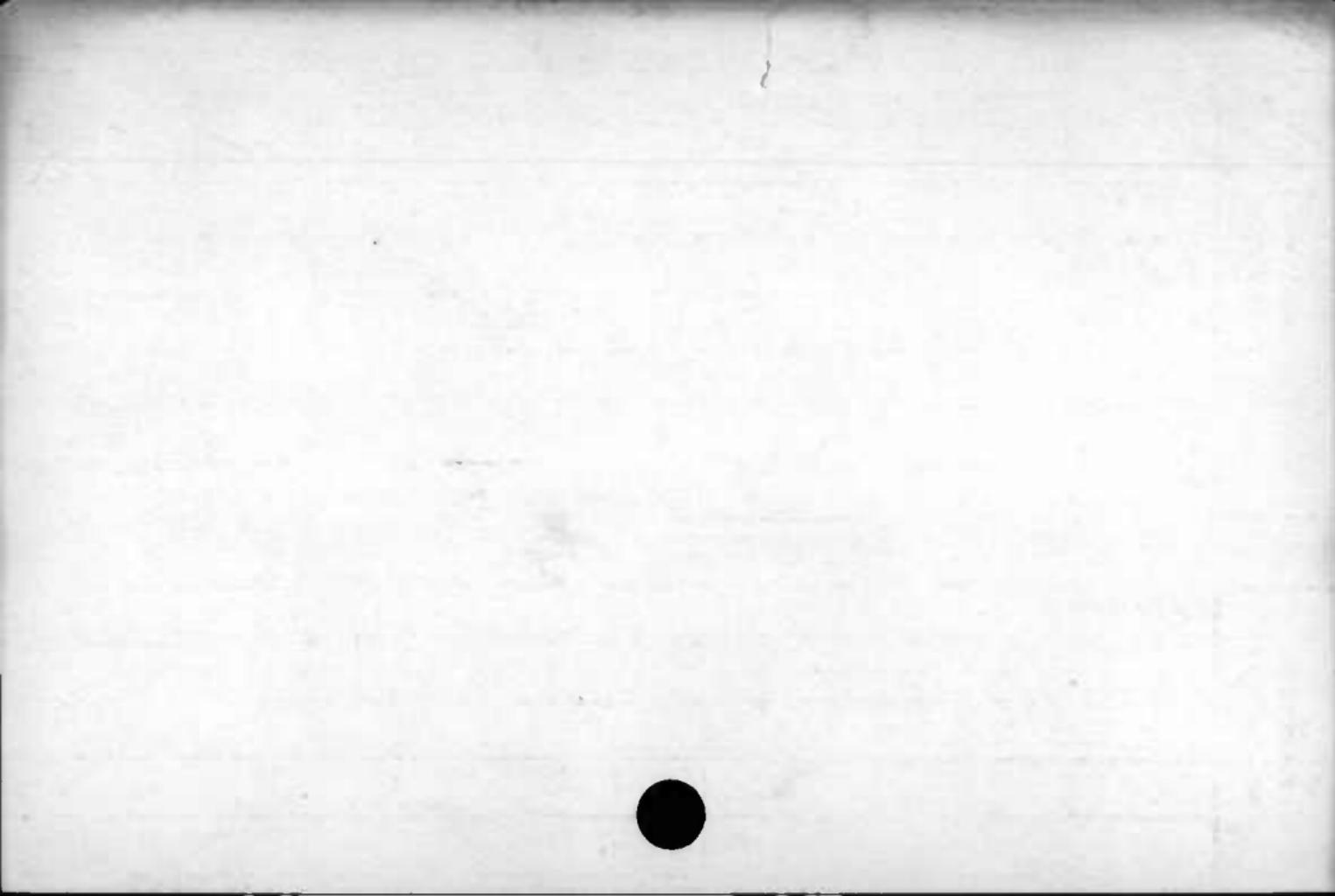
Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician

Address

A. Steward, M.D.  
Delta Pa.

Accident or Suicide?



Name  
in  
Full

Mary McCarthy

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

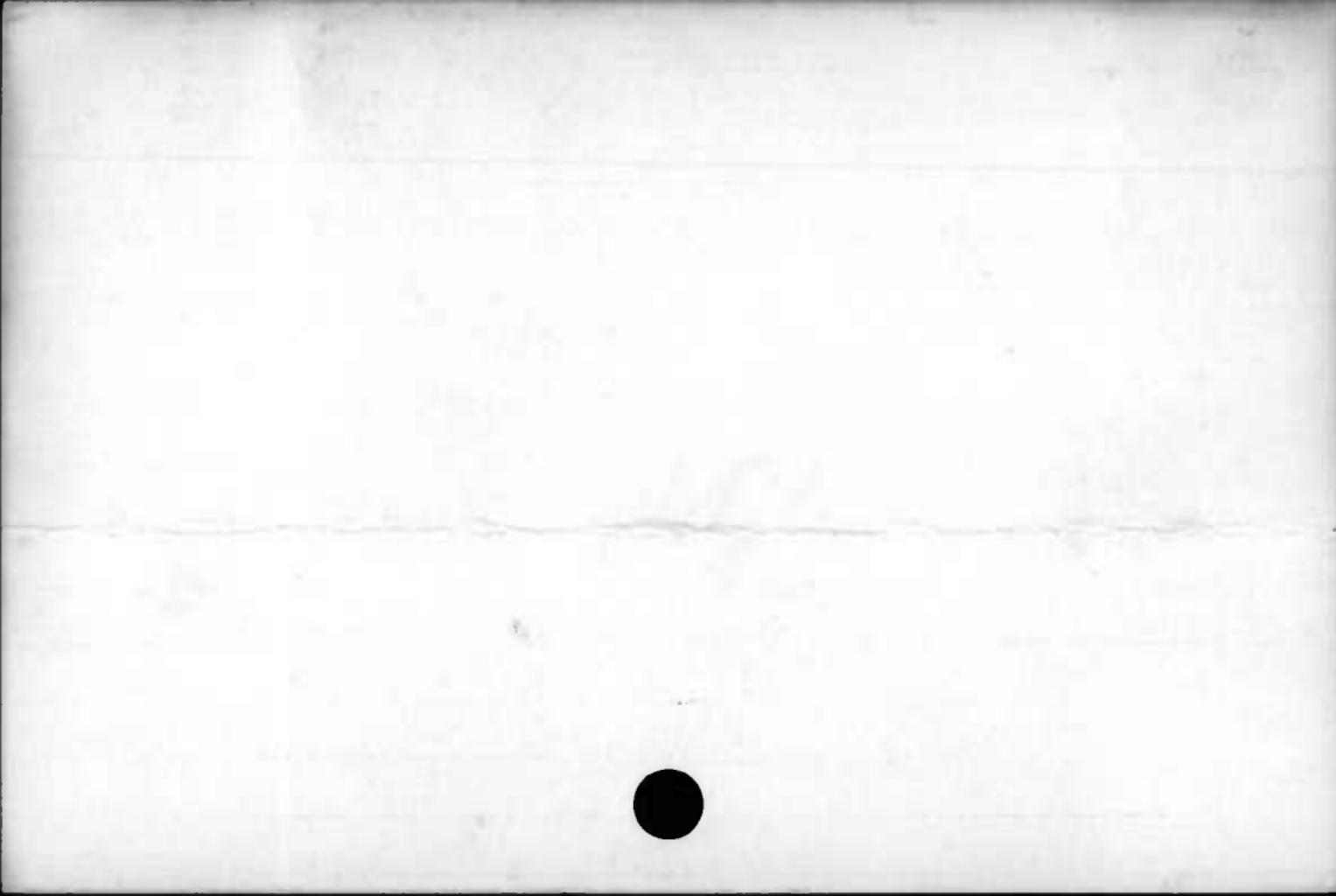
Died at		Town	County		MARYLAND		
Date of death 1903	Month Feb	Day 1	Years 78	Age	Months ✓	Days ✓	
Sex Female	Color or Race	white		Birth-place	Ireland -		
Married, Single or Widowed		Occupation	housewife				
Name of Wife or Husband	Owen McCarthy						
Father's Name	✓		Father's Birthplace	Ireland			
Mother's Maiden Name			Mother's Birthplace	Ireland			
Name of person giving Information	Chas. McCarthy 15		How related to deceased	Son -			

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	Causes included to age	How long
Immediate	Pulmonary congestion & heart failure -	Some weeks
Are the name, age, sex, color, date and place correctly given above?	Yes.	Signature of Physician
		Address

Accident or Suicide?



Name  
in  
Full

Leviacion Mc Ewony

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at Name of place		Town Neuende Bae		County Westford		MARYLAND	
Date of death 1903	Month 2	Day 2	Age 63	Years 63	Months 2	Days 6	
Sex Male	Color or Race White		Occupation Telegraph Lineman		Birth- place Bogmea		
Married, Single or Widowed Married							
Name of Wife or Husband Annie Mc Ewony							
Father's Name Elias Mc Ewony					Father's Birthplace ba,		
Mother's Maiden Name Susan Smith					Mother's Birthplace ba		
Name of person giving Information Leviacion Mc Ewony					How related to deceased Son		

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary Heart Disease	How long 18 months
Immediate Dropsy & Diphtheria	How long 3 days
Are the name, age, sex, color, date and place correctly given above? Yes	Signature of Physician R. Mc Ewony
Address Neuende Bae	
Accident or Suicide? No	



Name  
in  
Full

Charles H. Moore

CERTIFICATE OF DEATH

To BE ANSWERED BY  
NEAREST FRIEND.

Died at		Town	County		MARYLAND		
Date of death 1903	Month	Day	Age	Years	Months	Days	
Sex	Male	Color or Race	Black	Birth-place	Maryland		
Married, Single or Widowed	Married	Occupation	Teacher				
Name of Wife or Husband	Grace Wilson						
Father's Name	John T. Moore			Father's Birthplace	Md.		
Mother's Maiden Name	Jane Hall			Mother's Birthplace	Md.		
Name of person giving information	Grace Moore			How related to deceased	Wife		

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary *Pulmonary Phthisis Florida*

How long *4 weeks-*

Immediate *Asphyxia*

How long *3 days-*

Are the name, age, sex, color, date and place correctly given above?

Yes.

Signature of Physician

Address

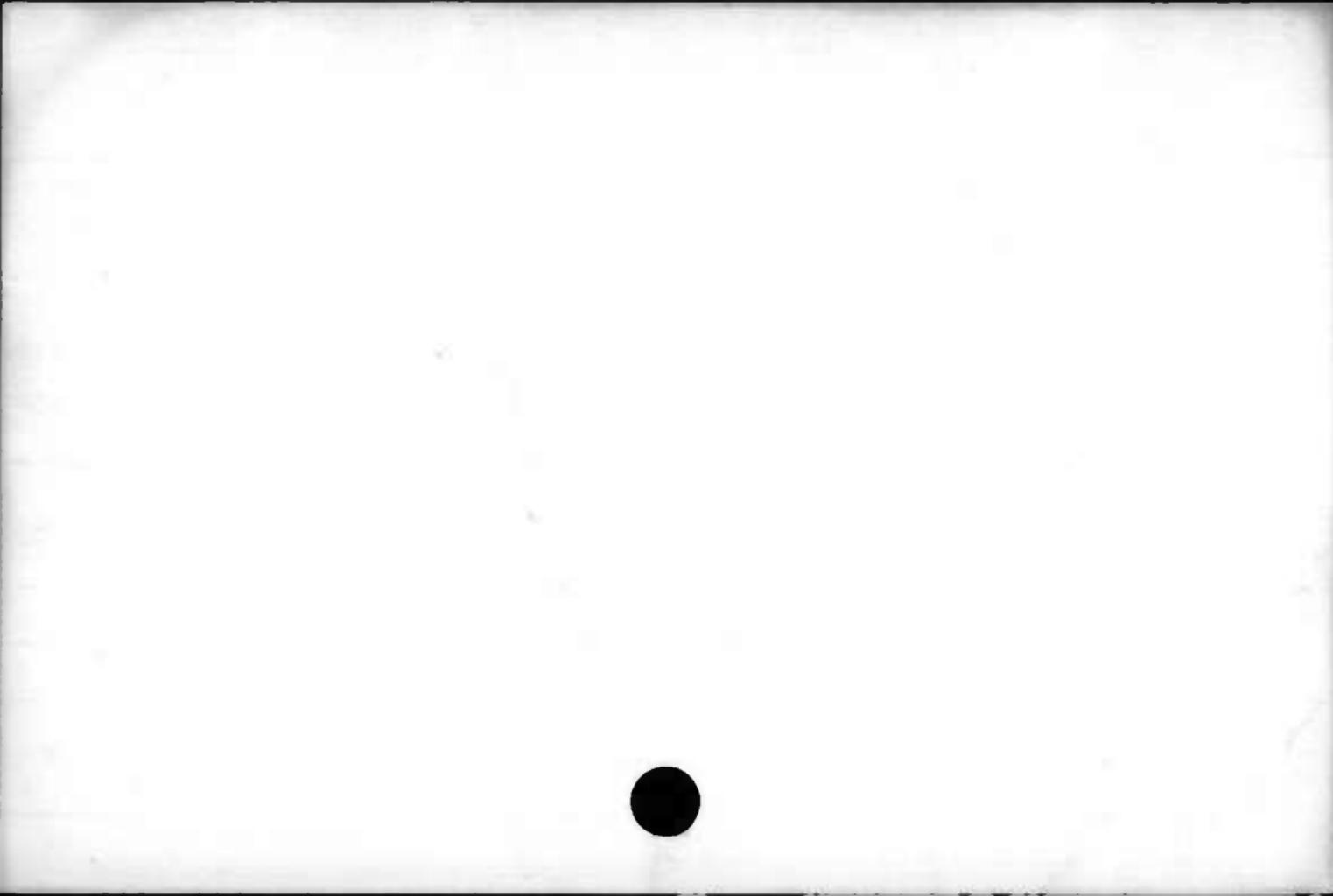
*A. T. Van Tassel*

*Baltimore*

*Md.*

Accident or Suicide?

*No -*







Name  
in  
Full

William A. Myer

CERTIFICATE OF DEATH

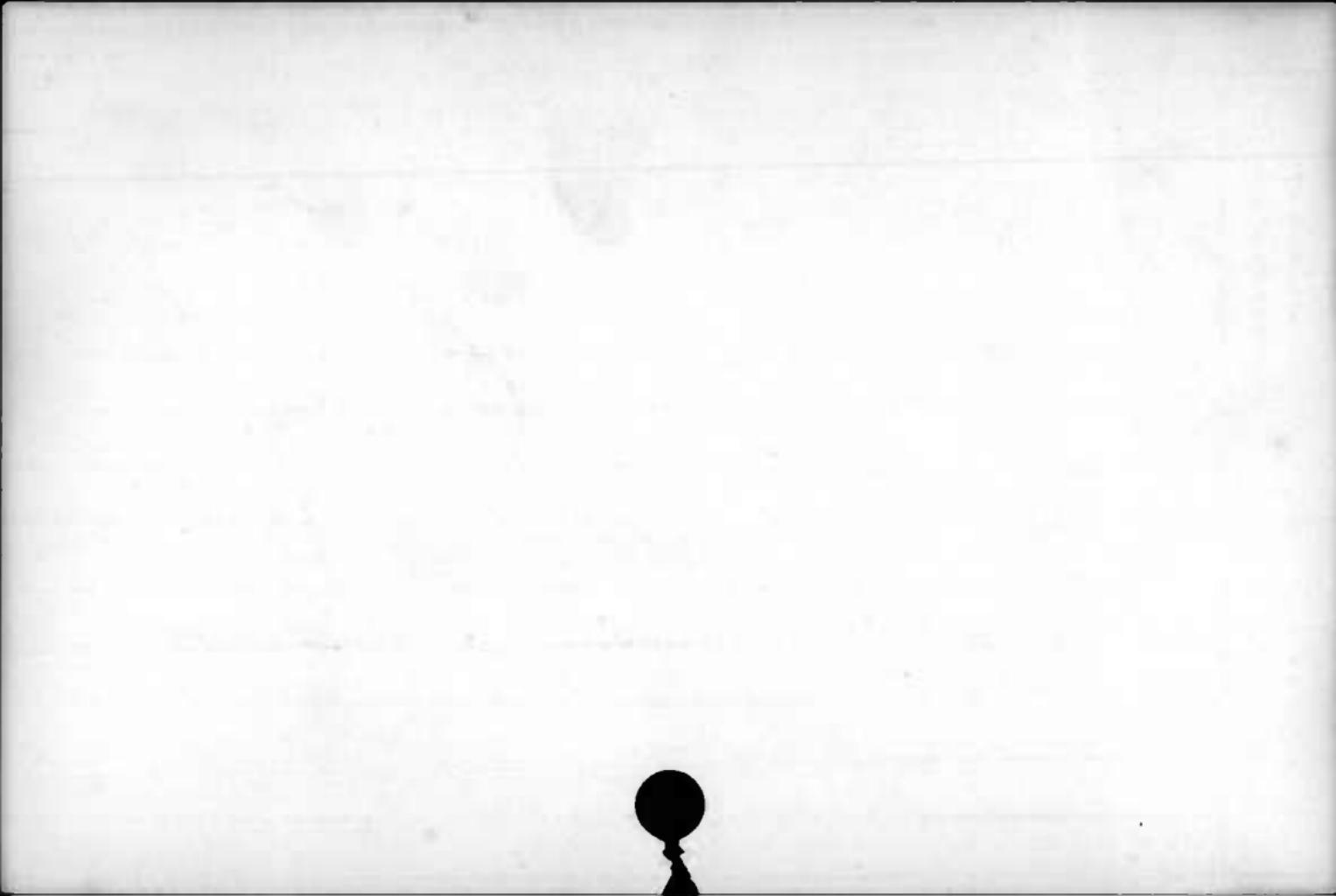
To BE ANSWERED BY  
NEAREST FRIEND

Died at		Town	County		MARYLAND		
Date of death 1903	Month 2	Day 21	Age 66	Years	Months 6	Days	
Sex	Color or Race	White		Birth- place	Havre de Grace		
Married, Single or Widowed	Occupation		Married Waterman				
Name of Wife or Husband	Georgeanna Lawler						
Father's Name	Alexander Myer		Father's Birthplace				
Mother's Maiden Name	Margaret Tutor		Mother's Birthplace				
Name of person giving Information	William A. Myer - 79		How related to deceased Son.				

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	Heart Disease (Enlarged) 20-30 years		How long
Immediate	Pneumonia		How long one week
Are the name, age, sex, color, date and place correctly given above?	Yes	Signature of Physician	RWB Smith M.D.
		Address	Havre de Grace Md.
Accident or Suicide?	9		



Elswort Nichols

Died at Havre de Grace Town Havre de Grace County Harford Co MARYLAND

Date 1913 Month July Day 10 Y. 1 M. 4 D. - Native of Harford Occupation -  
 Male White Married Widower Deceased  
F C Single Widower Number of children living 1

Husband of  Wife  Father's Name Lawrence NicholsMother's Maiden Name Elizabeth Whitehead

Cause of Death

Primary

Measles

How long sick

about 8 days

Immediate

Pneumonia

Accident, Suicide, Homicide

Reported by All othersAddress Havre de Grace

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Robt. Nichols

Town

County

Died at

Haute de Grace

MARYLAND

Date 1903

Month Day

Y. M. D.

Native of

Occupation

2 13

Age 4

Harford

Male

White

Married

Widow

Divorced

Female

Colored

Single

Widower

Number of children living

Husband of

Wife

Father's

Name

Laurene Nichols

Mother's

Maiden Name

Elizabeth Whitehead

Cause of

Primary

Measles

How long sick

10 days

Death

Immediate

Pneumonia

Accident, Suicide, Homicide

Reported by

Acc. to doctor

Address

Ade W



Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name  
in  
Full

Katherine O'Neil

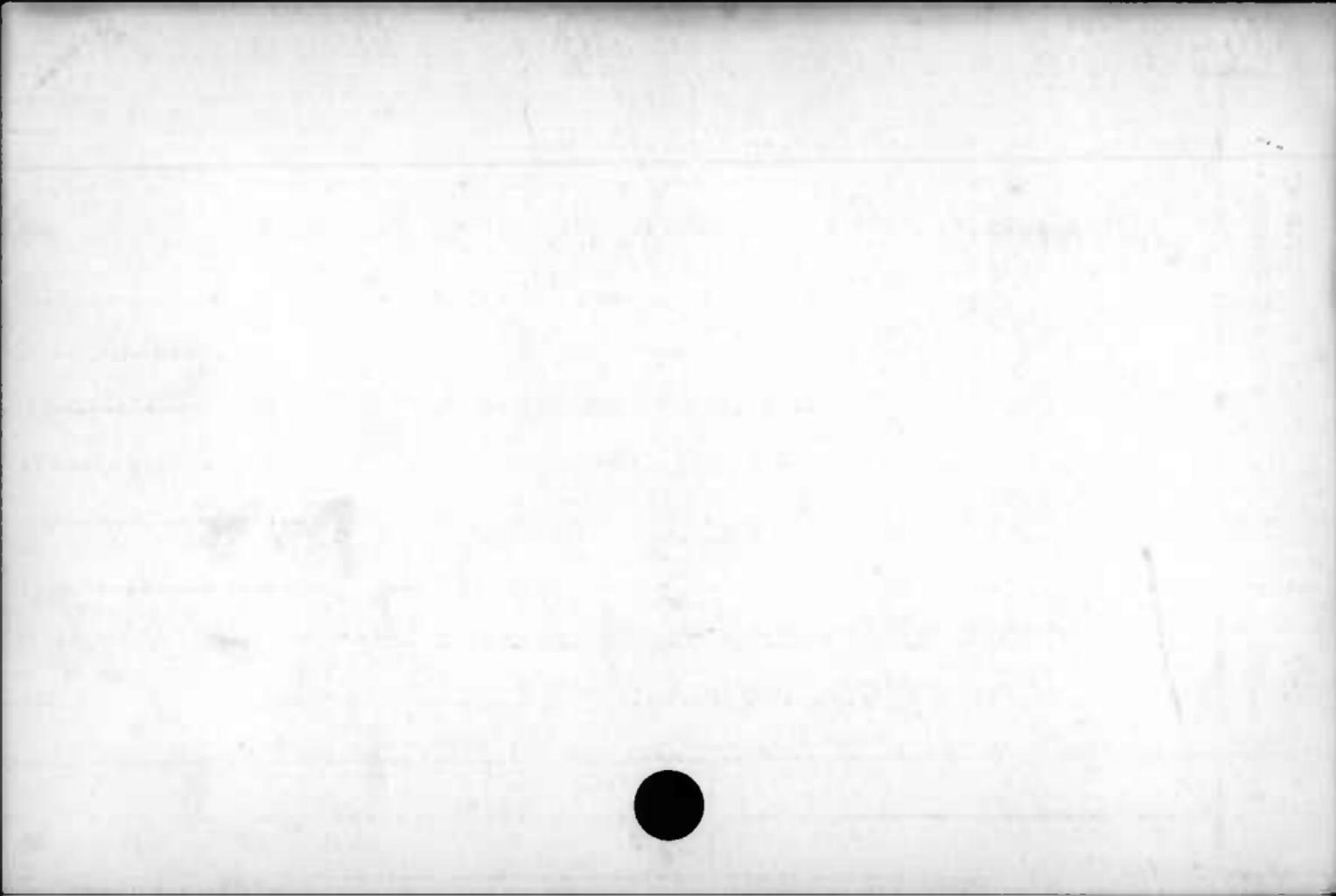
CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at		Town	County		MARYLAND		
Date of death 1903	Month 2	Day 17	Years 81	Age	Months	Days	
Sex Female	Color or Race White		Birth-place Ireland				
Married, Single or Widowed Widow	Occupation House wife						
Name of Wife or Husband Owen O'Neil							
Father's Name			Father's Birthplace				
Mother's Maiden Name			Mother's Birthplace				
Name of person giving information	Kanah O'Neil		154		How related to deceased Daughter		

CAUSES OF DEATH

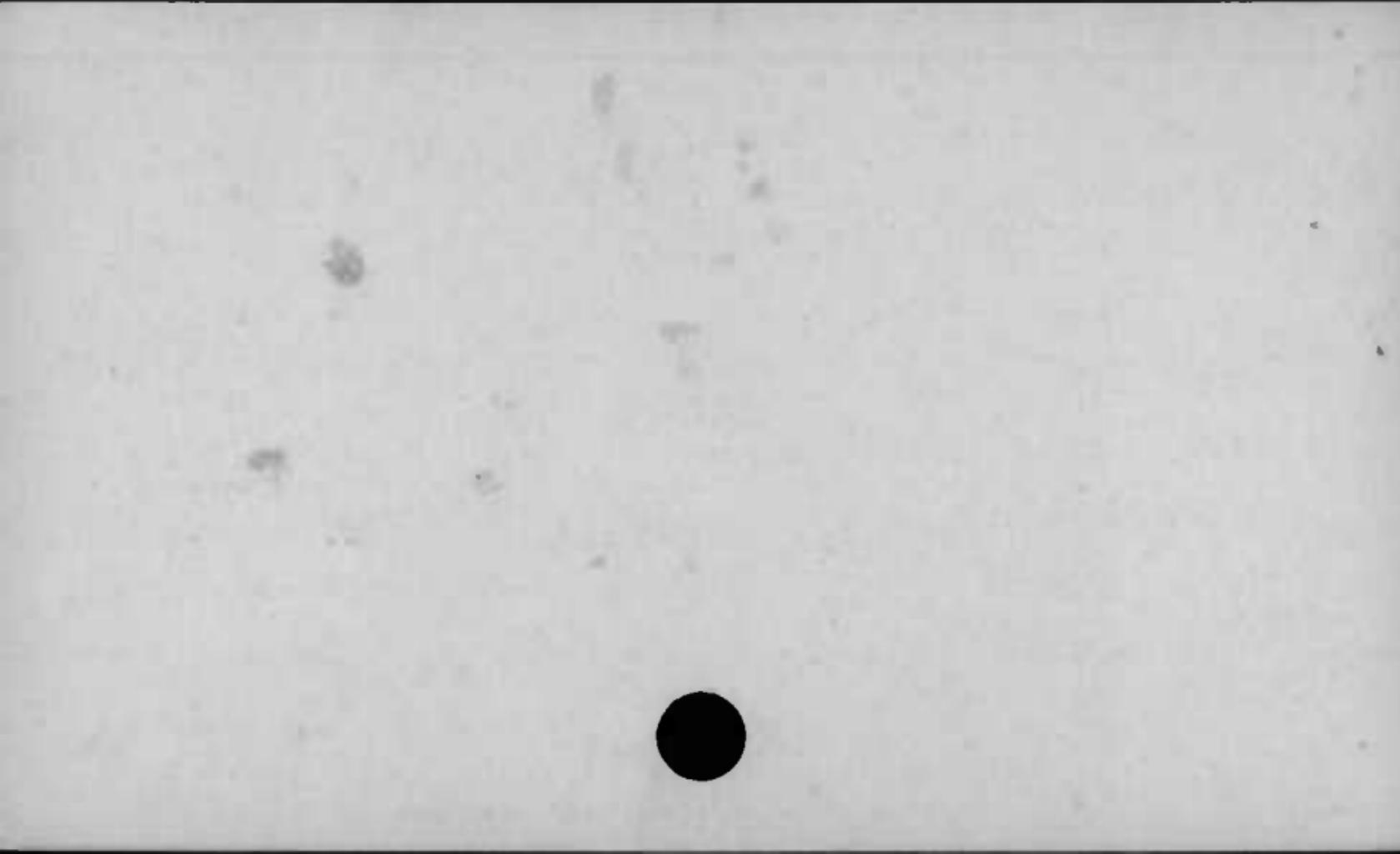
Primary	General debility of age	How long several years
Immediate	Heart weakness	How long
Are the name, age, sex, color, date and place correctly given above? <input checked="" type="checkbox"/>		Signature of Physician R.W. Smith M.D.
		Address Katherine O'Neil Katherine O'Neil Katherine O'Neil
Accident or Suicide?		



Sarah B. Shore

Died at		Town	County	Native of		Occupation
Ferryman		Havre de Grace				MARYLAND
Date	1903	Month	Day	Y.	M.	D.
		2	21	65		
Male		Age	White	Married	Widow	Divorced
Female			Colored	Single	Widower	Number of children living
Husband of			40	Mother's		
Wife				Maiden Name		
Father's Name	Matthew			Unknown		
Cause of Death	Primary	Cirrhosis Liver & Cardiac 12 mos				How long sick
	Immediate	Heart Failure & Asthma				Accident, Suicide, Homicide
Reported by	R. G. Chapman M.D.					
Address	Ferryman Md.					

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name  
in  
Full

Oliver Smith

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at	Town	County		MARYLAND		
Date of death 1903	Month Feby	Day 17	Years 58	Age	Months 1	Days 20
Sex Male	Color or Race White	Occupation Merchant		Birth- place Balto Md		
Married, Single or Widowed Married	Name of Wife or Husband Ella B. Miller		Father's Name John Smith	Father's Birthplace Balto		
Mother's Maiden Name Olivia Jane Bloodgood	Mother's Birthplace Balto		How related to deceased Niece			
Name of person giving Information Mrs. Dr. Butler						

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	Cerebral Hemorrhage		How long about 5 yrs
Immediate	Secondary hemorrhage		How long 1 1/2 hrs
Are the name, age, sex, color, date and place correctly given above? <input checked="" type="checkbox"/>		Signature of Physician Castleingsworth	Address Bal air Md
Accident or Suicide?			



<p><i>Beth Smith</i></p>						MARYLAND	
Died at	Little Neck		County	<i>Hayford</i>			
Date 1903	Month	Day	Y.	M.	D.	Native of	Occupation
	2	/ /	70				<i>Farmer</i>
	Male	White	Age	Married	Widow	Divorced	
	Female	Colored		Single	Widower	Number of children living	
Husband of							
Wife							
Father's Name				Mother's Maiden Name			
<i>Unknown</i>				<i>Unknown</i>			
Cause of Death	Primary	<i>Cir</i>		How long sick	<i>140</i>		
	Immediate	<i>Heart failure</i>	<i>114</i>		<u>Accident Suicide Homicide</u>		
Reported by	<i>J. H. Ottis</i>						
Address	<i>9 Perryman</i>						

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Lucy B. Starn

Died at	Town	County			
	Fawn Groves	York	Pa.	MARYLAND	
Date 1903.	Month Feb.	Day 12	Y. 61	M. 8	D. 19
	Male	White	Age	Native of	Occupation
	Female	Colored	Married	New York	Housekeeper
			Widow	Divorced	
			Widower	Number of children living	2

Husband of Jeremiah J. Starn

Wife Francis A. Bullefield Mother's Mary Burnham

Father's Name Francis A. Bullefield Mother's Maiden Name Mary Burnham

Cause of Death Primary Apoplexy How long sick 1 1/4 year  
Immediate Apoplexy late Accident, Suicide, Homicide

Reported by Valle Hawkins M.D.

Address Muddy Creek Fort, Pa.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Town

County

MARYLAND

Died at

Whitford Hartford

Date 1903

Month

Day

Y.

M.

D.

Native of

Occupation

Male

White

Age 42

Married

Wid.

Divorced

Female

Colored

Single

Widower

Number of children living

2

Husband of

Laura. Zaki.

Wife

Father's Name

Mother's

Motha Zaki.

Cause of Death

Primary

Accident

How long sick

Death

Immediate

Accident, Suicide, Homicide

Reported by

Dr. W. J. Arthur

160

Address

W. J. Arthur

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name  
in  
Full

Hester E. H. Watters

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <u>Shore Landings</u>		Town <u>Harford</u> County		MARYLAND		
Date of death <u>1903</u>	Month <u>Feb</u>	Day <u>3</u>	Age <u>19</u> Years	Months <u>—</u>	Days <u>—</u>	
Sex <u>Female</u>	Color or Race <u>col'd</u>	Birth-place <u>Harford Co., Md</u>				
<u>Married, Single</u> <del>or Widowed</del>	Occupation <u>child nurse</u>					
<u>Name of Wife or Husband</u>						
Father's Name <u>Moses A. Watters</u>	Father's Birthplace <u>Harford Co</u>					
Mother's Maiden Name <u>Mary E. Watters</u>	Mother's Birthplace <u>Harford Co</u>					
Name of person giving Information <u>Ephr Hopkins Mrs</u>	How related to deceased					

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary

chronic kidney trouble

How long

complaining for a month

Immediate

sudden syncope

How long

Are the name, age, sex, color, date and place correctly given above?

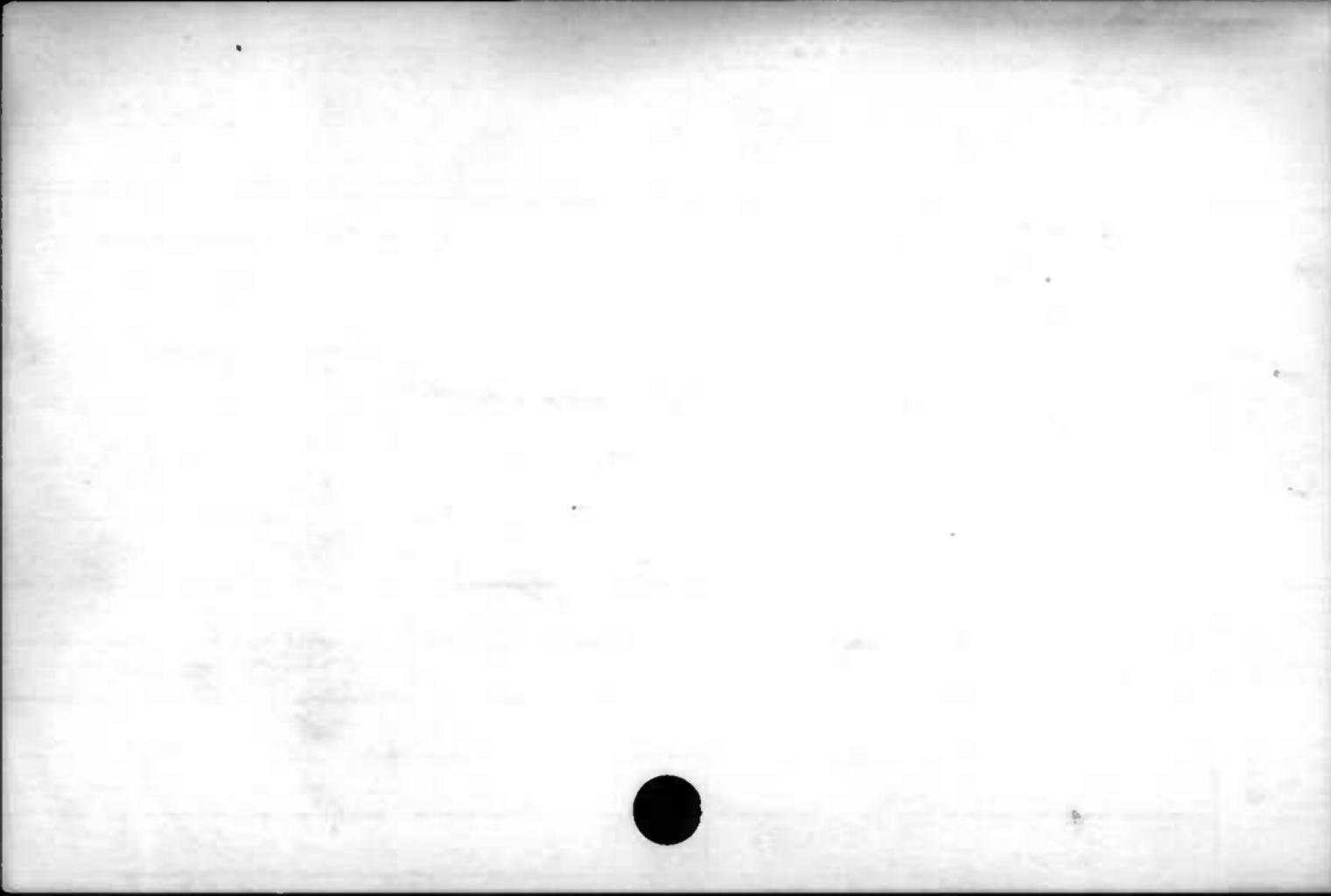
yes

Signature of Physician

Address

Ephr Hopkins  
Darlington

Accident or Suicide?



Done. P. Wiley

Town

Norrisville

County

Hartford

Died at

MARYLAND

Date 1903.

Month

Day

Y.

M.

D.

Native of

Occupation

White

Age  
Married1871-22  
WidowMd.  
Divorced

Female

Colored

Single

Widower

Number of children living

Husband  
of

Wife

Father's

Name

Mother's

Maiden Name

Cause of

Primary

Whooping cough and

How long sick

15 days

Death

Immediate

bronchitis Pneumonia.

Accident, Suicide, Homicide

Reported by

Dr. James S. Keturist.

Address

Norrisville, Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

